IAP12 Rec'd PCT/PTO 23 OCT 2007

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004 Complete if Known Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/584,236 FEE TRANSMITTAL June 26, 2006 Filing Date PROUST, Christophe First Named Inventor **FOR FY 2005 Examiner Name** TBA ☐ Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT Attorney Docket No 13798.003.00

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METHOD OF PAYMENT (	check all that a	pply)		······································				<b></b>
■ Check ☐ Credit	Card 🗆	Money Order	☐ None I	☐ Other (please	identify):			
■ Deposit Account Deposit Account Number 50-0911 □ Deposit Account Name:								
For the above-identified	d deposit ac	count, the Director	is hereby aut	norized to: (ched	ck all that apply	<b>/</b> )		
☐ Charge fee(s) indicate	ted below			Charge fee(s) indi	cated below, exc	ept for the fil	ing fee	
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REE CALCULATION								
1. BASIC FILING, SEARC	H, AND EX	AMINATION FEES	3			·		
	FILING	FEES Small Entity	SEARCH	FEES Small Entity		TION FEES Small Entity	,	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	-	Fees Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description	<b>3</b> - !	-b alain avan 20 a		in the eriginal pa	nto nt		Fee (\$) 50	<u>Fee (\$)</u> 25
Each claim over 20 or, for I Each independent claim ov	Reissues, ea er 3 or, for F	ch claim over 20 a Reissues, each ind	ependent clair	n more than in th	ne original pate	ent	200	100
Multiple dependent claims							360	180
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Indep. Claims E	xtra Claims	Fee (\$)	Fee Pa	id (\$)				
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3. APPLICATION SIZE FE		paid for, if greater the	0					
If the specification and draw	wings exceed				ue is \$250 (\$12	25 for small e	entity) for o	each additional
50 sheets or fraction t	hereof. See tra Sheets			CFR 1.16(s). or fraction thereo	of Fee(\$	1	Fee Paid	1 (5)
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4. OTHER FEE(S)	minaia- ef	Dooloration Sure	harao				Fee Pai	
Other: Late Submission of Declaration Surcharge 130.00 Other: Recordation of Assignment Filing Fee 40.00								

SUBMITTED BY			
Signature	Mail & Rustoff	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Mark R. Kresloff	42,766	October 23, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (08-03)

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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/584,236		
Filing Date	June 26, 2006		
First Named Inventor	PROUST, Christophe		
Art Unit	TBA		
Examiner Name	TBA		
Attorney Docket Number	13798.003.00		

	EN	ICLOSURES (Check all that app	oly)		
Fee Transi	mittal Form	Drawing(s)	After Allowance Communication to Group		
Fee a	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendme	nt/Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Convert to a Provisional Application	Proprietary Information		
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter		
Extension of Time Request		Terminal Disclaimer	Other Enclosure(s) (please identify below):		
Express Abandonment Request		Request for Refund	Supplemental Application Data Sheet     Declaration and Power of Attorney		
Information Disclosure Statement		CD, Number of CD(s)	3) Recordation Form Cover Sheet 4) Assignment of Application 5) Check No. 137627		
	opy of Priority				
Document	(s) to Missing Parts/	Remarks			
	Application				
	oonse to Missing Parts er 37 CFR 1.52 or 1.53		(		
<del></del>	SIGNAT	URE OF APPLICANT, ATTORNEY, OF	RAGENT		
Firm	Mark R. Kresloff, 4	2 766			
or Individual name	MCKENNA LONG & ALDRIDGE LLP				
Signature	Mark R. S.				
Date	October 23, 2007/	nige.			
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